DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/07/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
POC #2	445071	A. BUILDING _____ B. WING _____	02/03/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAIBORNE COUNTY NURSING HOME	1860 OLD KNOXVILLE ROAD TAZEWELL, TN 37879

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS During the annual recertification survey and investigation of complaint #37349 conducted on 2/1/16-2/3/16 at Claiborne County Nursing Home, no deficiencies were cited in relation to the complaint under 42 CFR PART 483, Requirements for Long Term Care Facilities.	F 000		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, observation, and interview, the facility failed to respect resident privacy for 1 resident (#26) of 32 residents reviewed. The findings included: Review of facility policy Resident's Rights Under Federal Law, revised 1/14, revealed "...has the right to personal privacy and confidentiality of his or her personal and clinical records..." Resident #26 was admitted to the facility on 4/20/15, with diagnoses including Unspecified Psychosis, Unspecified Dementia without Behavioral Disturbance, Major Depressive Disorder, Generalized Anxiety Disorder, Peripheral Vascular Disease, Pain Unspecified, and Adult Failure to Thrive.	F 241	**F 241** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** CNA # 1, CNA # 2, and LPN # 1 identified in the deficient practice involving resident # 26 were educated on the importance of compliance with facility policies and procedures relative to resident rights stressing the right of privacy. Specific education was provided on the need for staff to knock on resident's doors prior to entering and not to have discussions regarding other residents, staff, or anything else not relative to the resident care being provided in the room. The Director of Nursing was responsible for this education which was completed with the involved staff on February 3, 2016. **How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Helen Cox	LNHA	3-4-16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAIBORNE COUNTY NURSING HOME	1950 OLD KNOXVILLE ROAD TAZEWELL, TN 37879

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F 241	Continued From page 1 Medical record review of a Quarterly Minimum Data Set (MDS) dated 11/23/15 revealed Resident #26 was severely cognitively impaired. Observation of Resident #26 on 2/3/16 at 10:46 AM, in the resident's room, revealed Licensed Practical Nurse (LPN) #1 and Certified Nursing Assistant (CNA) #1 completing a dressing change for a pressure ulcer. Continued observation revealed CNA #2 pushed open the resident's door without knocking and began talking in a loud voice."...[CNA #1] are you in here?" CNA #2 continued to walk forward to the end of the resident's bed and spoke with CNA #1 about another resident while the treatment was in process for Resident #26. Interview with CNA #2 on 2/3/16 at 11:03 AM in the 100 Hall (First Floor) hallway, confirmed "...I didn't wait for a response. I just walked in while the treatment was going on..." and began discussing another resident in the presence of Resident #26 while a treatment was taking place. Interview with the Administrator on 2/3/16 at 1:30 PM, in the Administrator's office, confirmed "...expect the staff to knock on the resident's door and wait for a response to enter..."	F 241	100% of our residents could be potentially affected by this deficient practice. 1. Reviewed complaint log for previous 24 months to identify any previous privacy issues. None identified. 2. Random audits for two weeks 2/8/16-2/22/16 to identify privacy issues. A minimum of 10 audits completed daily by assigned staff. Corrective Action: 100% of the Nursing Home Staff (clinical and non-clinical) will be educated on resident rights and the importance of compliance with facility policies and procedures with the right to privacy stressed. Examples to be stressed will include that knocking on a residents' door prior to entry is a must and the that no information other than that which has a direct impact on the care of the resident in the room will be discussed in the presence of the resident. Each resident and staff member has a right to privacy and confidentiality. Attendance to education is mandatory and will be verified by participants signature on the "sign-in-sheet."	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program	F 441		

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F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program	F 441	The Administrator and Director of Nursing are responsible for making sure the audits are completed. Audits start 2/29/2016.	

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F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program	F 441		3-18-16

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F 441	Continued From page 2 The facility must establish an Infection Control Program under which it -. (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on facility policy review, review of a Journal of Wound, Ostomy and Continence Nursing, medical record review, observation, and interview, the facility failed to ensure infection control standards were maintained during a pressure ulcer dressing change for 1 resident (#26) of 3 residents reviewed for pressure ulcers	F 441	**F 441** **<u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</u>** The Wound Care Nurse and CNA # 1 identified in the deficient practice were educated on the importance of compliance with facility policies and procedures of infection control principles and specifically facility wound care policies and procedures with emphasis placed on proper gloving, removing/changing gloves, hand washing and the maintenance of clean work area. Contamination of clean work areas was also discussed with emphasis on preventing a resident's affected body part being allowed to rest or come in contact with a "contaminated" work area. Resident # 26, identified in deficient practice was observed, per policy and practice, for any	

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F 441	Continued From page 3 of 32 sampled residents. The findings included: Review of facility policy Nursing Home Skin Care Policy, undated, revealed "...to use clean technique in performing dressing changes...Universal precautions are utilized..." Review of Journal of Wound, Ostomy and Continence Nursing (March/April 2012), Clean vs. (versus) Sterile Dressing Techniques for Management of Chronic Wounds: A Fact Sheet revealed "...clean technique...involves strategies used in patient care to reduce the number of microorganisms...involves meticulous handwashing, maintaining a clean environment by preparing a clean field, using clean gloves...preventing direct contamination of materials and supplies..." Resident #26 was admitted to the facility on 4/20/15, with diagnoses including Unspecified Psychosis, Contracture Left Knee, Acquired Absence of Unspecified Leg above Knee, Immersion Foot, Venous Insufficiency (Chronic) (Peripheral), Unspecified Dementia without Behavioral Disturbance, Diabetes Mellitus with Diabetic Neuropathy, and Peripheral Vascular Disease. Medical record review of the Quarterly Minimum Data Set dated 2/2/16 revealed Resident #26 "...1 unstageable - deep tissue: suspected deep tissue injury in evolution..." Medical record review of a physician telephone order dated 12/15/15 revealed "...pack wound...Dakins Solution [a dilute solution	F 441	signs/symptoms of wound infection. The Director of Nursing was responsible and the education was completed on 2/3/2016. **How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?** 100% of our residents could potentially be affected by this deficient practice since the possibility of cross contamination is present for every contact. Random audit on all wound care recepients. 100% wound care observed for any "breaks" in clean technique. From 2/8-2/22/16. Corrective Action: 100% of the licensed nursing staff will be educated on the facility wound care policy with emphasis placed on proper gloving, removing and changing of gloves, hand washing, disposal of contaminated supplies and	

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F 441	Continued From page 4 containing sodium hypochlorite and boric acid, used as an antiseptic in the treatment of wounds] ½ strength wet to dry. Cover /c [with] dry gauze wrap /c Kerlix/Conform. Secure /c tape...change BID [twice a day]..." Medical record review of Nurse's Treatment Notes dated 1/29/16 revealed "...DTI [deep tissue injury] to left heel measures 6.5 cm [centimeters] L [Length] x 6.0 cm W [Width] x 0 cm d [Depth]...75% black soft eschar [a scab or dry crust that results from trauma, such as a thermal or chemical burn, infection, or excoriating skin disease] /c 25% soft yellow slough...[no] odor noted moderate serous discharge..." Observation on 2/3/16 at 10:46 AM, in the resident's room, revealed the Wound Care Nurse obtained gauze, packs of 4x4's, Dakins Solution poured on to a 4x4, a drape, and tape, and walked into the resident room and placed the items on the bedside table. Continued observation at 10:49 AM, revealed the Wound Care Nurse dropped the old removed wet to dry dressing on the clean work field, then picked the dressing up and threw it away in a garbage bag at the end of Resident #26's bed. Further observation revealed the Wound Care Nurse turned to the bedside table, opened two clean 4x4 packages, and pulled one 4x4 out with the dirty gloves used to remove the old dressing. Continued observation revealed the Wound Care Nurse sprayed Resident #26's left foot with saline which ran onto a drape under the foot. Certified Nursing Assistant (CNA) #1 dropped Resident #26's foot into the contaminated saline water on the drape under Resident #26's foot. Further observation revealed the Wound Care Nurse opened additional clean 4x4 packages, pat dried	F 441	avoidance of cross contamination. The Director of Nursing with the assistance of the Infection Prevention Nurse are responsible for this education. Completion date for education is 2/26/2016. **What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur?** 25% of dressing changes will be audited by direct observation by the Infection Prevention Nurse and/or Charge Nurse on a weekly basis to ensure compliance with facility infection control and wound care policies and procedures. Specific attention will be made to appropriate hand washing, gloving, removing/reapplying of gloves, maintenance of clean supplies and work field(s), and disposal of contaminated supplies. The Charge Nurse and Infection Prevention Nurse are responsible	

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F 441	Continued From page 5 Resident #26's foot, took the gloves off, and walked to the treatment cart outside Resident #26's room, without washing the hands, to collect more clean 4x4's. Continued observation revealed the Wound Care Nurse placed the clean 4x4's on the bedside table work field, placed new clean gloves on without washing the hands, squeezed out excess Dakins Solution from a 4x4, placed it on the resident's left heel, and began wrapping Resident #26's foot with Kerlix. Further observation revealed, while wrapping Resident #26's foot, the Wound Care Nurse dropped the Kerlix into the contaminated saline water on the drape under Resident #26's foot, picked the Kerlix up, continued wrapping resident's foot with the contaminated Kerlix, and secured it with tape. Interview with the Wound Care Nurse on 2/3/16 at 10:57 AM, in the hallway outside Resident #26's room, confirmed she failed to ensure infection control standards were followed during the dressing change.	F 441	for the completion of this correction item. Date of completion will be 2/26/2016. **How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e., what quality assurance program will be put into place?** The data collected from the random audits will be submitted to the Director of Nursing for aggregation. This data will then be communicated to the Medical Director, Administrator, Senior Organization Leadership monthly and to the Quality Management Committee at each scheduled meeting. This process will continue until we have sustained achievement of 100% for three (3) consecutive months. The Director of Nursing is responsible for compliance. Completion date is 2/29/2016 for initiation of the audit process. 3-18-16	